

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

CALIFORNIA 460 FORM	
Date Stamp	Page <u>1</u> of <u>19</u> For Official Use Only
Statement covers period from <u>07/01/2019</u> through <u>12/31/2019</u>	Date of election if applicable: (Month, Day, Year)

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4

- Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Committee
- State Candidate Election Committee
- Recall
- Sponsored Controlled Sponsored (Also Complete Part 5)
- General Purpose Committee Primarily Formed Candidate/Officeholder Committee (Also Complete Part 6)
- Sponsored Small Contributor Committee
- Political Party/Central Committee

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Gloria Soto for Santa Maria City Council District 3 2018

STREET ADDRESS (NO P.O. BOX)

818 Dante Drive

CITY

Santa Maria, CA 93458

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

PO Box 5252

CITY

Santa Maria, CA 93456

OPTIONAL: FAX / E-MAIL ADDRESS

monica@cicsb.com

2. Type of Statement:

- Prelection Statement Quarterly Statement
- Semi-annual Statement Special Odd-Year Report
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain Below)

Treasurer(s)

NAME OF TREASURER

Monica Intaglietta

MAILING ADDRESS

226 East Canon Perdido Street #D

CITY

Santa Barbara, CA 93101

STATE

ZIP CODE

AREA CODE/PHONE

8057090595

NAME OF ASSISTANT TREASURER, IF ANY

Juan Pablo Angulano

MAILING ADDRESS

206 North Curryer Street

CITY

Santa Maria, CA 93458

STATE

ZIP CODE

AREA CODE/PHONE

monica@cicsb.com

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 11/23/20 DATE 1-29-2020 DATE

Executed on _____ DATE
Executed on _____ DATE
Executed on _____ DATE
Executed on _____ DATE

By W.M. Signature of Treasurer or Assistant Treasurer
Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent
Signature of Controlling Officerholder, Candidate, State Measure Proponent
By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page - Part 2**

COVER PAGE - PART 2

CALIFORNIA FORM 460

Page 2 of 19

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE Gloria Soto	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) City Council Member City of Santa Maria 3	JURISDICTION RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP 818 W Dante Drive Santa Maria, CA 93458
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Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy*

NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	I.D. NUMBER CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO	AREA CODE/PHONE STATE ZIP CODE	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD CITY NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD CITY NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	AREA CODE/PHONE STATE ZIP CODE
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6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE	BALLOT NO. OR LETTER RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP 818 W Dante Drive Santa Maria, CA 93458	JURISDICTION NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOONENT DISTRICT NO. IF ANY
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF BALLOT MEASURE OFFICE SOUGHT OR HELD	7. Primarily Formed Candidate/Officeholder Committee <i>List names of officeholder(s) or candidate(s) for which this committee is primarily formed.</i>
NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Gloria Soto for Santa Maria City Council District 3 2018

**CALIFORNIA 460
FORM**

Statement covers period from <u>07/01/2019</u>	through <u>12/31/2019</u>
Page <u>3</u> of <u>19</u>	

I.D. NUMBER
1407086

Contributions Received

Column A

TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

Schedule A, Line 3	\$ <u>4,869.00</u>	\$ <u>4,869.00</u>
Schedule B, Line 3	\$ <u>.00</u>	\$ <u>.00</u>
Subtotal Cash Contributions.....	Add Lines 1 + 2 \$ <u>4,869.00</u>	\$ <u>4,869.00</u>
Nonmonetary Contributions	Schedule C, Line 3 <u>.00</u>	\$ <u>.00</u>
TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4 \$ <u>4,869.00</u>	\$ <u>4,869.00</u>

Expenditures Made

Column B

CALENDAR YEAR
TOTAL TO DATE

Schedule E, Line 4	\$ <u>5,007.66</u>	\$ <u>7,139.84</u>
Schedule H, Line 3	\$ <u>.00</u>	\$ <u>.00</u>
Subtotal Cash Payments.....	Add Lines 6 + 7 \$ <u>5,007.66</u>	\$ <u>7,139.84</u>
Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 <u>.00</u>	\$ <u>.00</u>
Nonmonetary Adjustment	Schedule C, Line 3 <u>.00</u>	\$ <u>.00</u>
TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10 \$ <u>5,007.66</u>	\$ <u>7,139.84</u>

Current Cash Statement

Beginning Cash Balance	Previous Summary Page, Line 16	\$ <u>6,946.22</u>	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
Cash Receipts	Column A, Line 3 above	\$ <u>4,869.00</u>	
Miscellaneous Increases to Cash	Schedule I, Line 4	\$ <u>.00</u>	
Cash Payments	Column A, Line 8 above	\$ <u>5,007.66</u>	
ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>6,807.56</u>	If this is a termination statement, Line 16 must be zero.
LOAN GUARANTEES RECEIVED.....	Schedule B, Line 2	\$ <u>.00</u>	

Cash Equivalents and Outstanding Debts

Cash Equivalents	See Instructions on reverse	\$ <u>.00</u>
Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ <u>.00</u>

*Amounts in this section may be different from amounts
reported in Column B.

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866)275-3772
www.fppc.ca.gov

Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period from <u>07/01/2019</u> through <u>12/31/2019</u>		Page <u>4</u> of <u>19</u>																																																																								
		I.D. NUMBER 1407086																																																																								
<p>SEE INSTRUCTIONS ON REVERSE NAME OF FILER</p> <p>Gloria Soto for Santa Maria City Council District 3 2018</p> <table border="1"> <thead> <tr> <th rowspan="2">DATE RECEIVED</th> <th rowspan="2">FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th> <th rowspan="2">CONTRIBUTOR CODE</th> <th colspan="5">IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th> <th rowspan="2">AMOUNT RECEIVED THIS PERIOD</th> <th rowspan="2">CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th> <th rowspan="2">PER ELECTION TO DATE (IF REQUIRED)</th> </tr> <tr> <th><input checked="" type="checkbox"/> IND</th> <th><input type="checkbox"/> COM</th> <th><input type="checkbox"/> OTH</th> <th><input type="checkbox"/> PTY</th> <th><input type="checkbox"/> SCC</th> </tr> </thead> <tbody> <tr> <td>08/29/2019</td> <td>Yesenia Decasaeus 521 Inger Santa Maria, CA 93454</td> <td></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>100.00</td> <td>100.00</td> <td>UDW</td> </tr> <tr> <td>08/29/2019</td> <td>James Diani 1320 Foxenwood Drive Santa Maria, CA 93455</td> <td></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>500.00</td> <td>500.00</td> <td>A.J. Diani Construction Co</td> </tr> <tr> <td>08/29/2019</td> <td>Friends Of Steve Lavagnino 2151 South College Drive #101 Santa Maria, CA 93455 ID: 1316157</td> <td></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>250.00</td> <td>250.00</td> <td></td> </tr> <tr> <td>08/29/2019</td> <td>Laborers Local 220 Political Action Committee 555 Capitol Mall #400 Sacramento, CA 95814 ID: 1237416</td> <td></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>1,000.00</td> <td>1,000.00</td> <td></td> </tr> <tr> <td>08/29/2019</td> <td>Michael Maldonado 1514 S. Lennox Lane Santa Maria, CA 93458</td> <td></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>120.00</td> <td>120.00</td> <td>UPS</td> </tr> </tbody> </table>				DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)					AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)	<input checked="" type="checkbox"/> IND	<input type="checkbox"/> COM	<input type="checkbox"/> OTH	<input type="checkbox"/> PTY	<input type="checkbox"/> SCC	08/29/2019	Yesenia Decasaeus 521 Inger Santa Maria, CA 93454		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100.00	100.00	UDW	08/29/2019	James Diani 1320 Foxenwood Drive Santa Maria, CA 93455		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	500.00	500.00	A.J. Diani Construction Co	08/29/2019	Friends Of Steve Lavagnino 2151 South College Drive #101 Santa Maria, CA 93455 ID: 1316157		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	250.00	250.00		08/29/2019	Laborers Local 220 Political Action Committee 555 Capitol Mall #400 Sacramento, CA 95814 ID: 1237416		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1,000.00	1,000.00		08/29/2019	Michael Maldonado 1514 S. Lennox Lane Santa Maria, CA 93458		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	120.00	120.00	UPS
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Schedule A
Monetary Contributions Received

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SCHEDULE A

CALIFORNIA 460
FORM

Statement covers period from <u>07/01/2019</u>	through <u>12/31/2019</u>
Page <u>5</u> of <u>19</u>	

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NAME OF FILER

Gloria Soto for Santa Maria City Council District 3 2018

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09/05/2019	David Dennis 416 East Hermosa Street Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	500.00	500.00	
09/05/2019	James Kyriaco for Goleta City Council 226 East Canon Perdido Street #D Santa Barbara, CA 93101 ID: 1401816	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	250.00	250.00	
09/05/2019	Murillo For Mayor 226 East Canon Perdido Street #D Santa Barbara, CA 93101 ID: 1393209	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
09/11/2019	CRI, Inc 722 East Main Street #105 Santa Maria, CA 93454	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		650.00	650.00	
12/13/2019	Anne Schowen 930 Monte Drive Santa Barbara, CA 93110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	500.00	500.00	
SUBTOTAL \$						2,400.00

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Schedule A
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SCHEDULE A
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**Schedule B - Part 1
Loans Received**

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1	
CALIFORNIA FORM 460	
Statement covers period from <u>07/01/2019</u>	through <u>12/31/2019</u>
Page <u>7</u> of <u>19</u>	
NAME OF FILER Gloria Soto for Santa Maria City Council District 3 2018	
SEE INSTRUCTIONS ON REVERSE	

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD **	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(g) CUMULATIVE CONTRIBUTIONS TO DATE
		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____	% _____ RATE _____	CALENDAR YEAR \$ _____ PER ELECTION*
* <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____		\$ _____ DATE DUE _____	DATE INCURRED _____	

Schedule B Summary

1. Loans received this period
(Total Column (b) plus unitemized loans of less than \$100.)

2. Loans paid or forgiven this period

(Total Column (c) plus loans under \$100 paid or forgiven)
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.)
Enter the net here and on the Summary Page, Column A, Line 2

Subtotals \$	\$	\$	\$	\$

*Amounts forgiven or paid by another party also must be reported on Schedule A
** If required.

(Enter (e) on
Schedule E, Line 3)

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule B - Part 2
Loans Received

Amounts may be rounded to whole dollars.

CALIFORNIA 460 FORM					
Statement covers period from <u>07/01/2019</u> through <u>12/31/2019</u>		Page <u>8</u> of <u>19</u>			
		I.D. NUMBER <u>1407086</u>			
		BALANCE OUTSTANDING TO DATE			
		CUMULATIVE TO DATE			
		AMOUNT GUARANTEED THIS PERIOD			
		CALENDAR DATE \$ _____ PER ELECTION (IF REQUIRED)			
NAME OF FILER <u>Gloria Soto for Santa Maria City Council District 3 2018</u>		CONTRIBUTOR CODE <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) LENDER		
SEE INSTRUCTIONS ON REVERSE					
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)					

SUBTOTAL \$ _____
Enter on Summary
Page Line 17 only

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FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
[www.fppc.ca.gov](http://fppc.ca.gov)

**Schedule C
Nonmonetary Contributions Received**

Amounts may be rounded to whole dollars.

Schedule C Summary

- | | |
|--|---------------------|
| 1. Amount received this period - itemized nonmonetary contributions.
(Include all Schedule C subtotals.) | \$.00 |
| 2. Amount received this period - unitemized nonmonetary contributions of less than \$100 | \$.00 |
| 3. Total nonmonetary contributions received this period.
(add lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) | TOTAL \$.00 |

* Contributor Codes

IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCCC - Small Contributor Committee

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures, and Committees

Amounts may be rounded
to whole dollars.

NAME OF FILER		Statement covers period from <u>07/01/2019</u> through <u>12/31/2019</u>		CALIFORNIA 460 FORM		ID. NUMBER 1407086	
						PER ELECTION TO DATE (IF REQUIRED)	
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		
		<input type="checkbox"/> Monetary <input type="checkbox"/> Contribution <input type="checkbox"/> Nonmonetary <input type="checkbox"/> Contribution <input type="checkbox"/> Independent <input type="checkbox"/> Expenditure					
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose					

SCHEDULE D SUMMARY

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) ----- \$.00
2. Unitemized contributions and independent expenditures made this period of under \$100 ----- \$.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ----- **TOTAL \$.00**

SUBTOTAL	\$

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E CALIFORNIA 460 FORM

NAME OF FILER Gloria Soto for Santa Maria City Council District 3 2018	SEE INSTRUCTIONS ON REVERSE	Statement covers period from <u>07/01/2019</u> through <u>12/31/2019</u>	Page <u>11</u> of <u>19</u>
		ID. NUMBER 1407086	

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL tv, or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
C&I Consulting 226 East Canon Perdido Street Santa Barbara, CA 93101	PRO		150.00
Fund For Santa Barbara 26 West Anapamu Street Santa Barbara, CA 93101	CVC		300.00
C&I Consulting 226 East Canon Perdido Street Santa Barbara, CA 93101	PRO		150.00
Integrated Solutions: Political 4142 Adams Avenue Suite 103-550 San Diego, CA 92116	OFC		75.00
SUBTOTAL \$			675.00

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

CALIFORNIA 460 FORM

SCHEDULE E

NAME OF FILER Gloria Soto for Santa Maria City Council District 3 2018	SEE INSTRUCTIONS ON REVERSE
Statement covers period from <u>07/01/2019</u> through <u>12/31/2019</u>	
Page <u>12</u> of <u>19</u>	
I.D. NUMBER 1407086	

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications
CNS campaign consultants	MTG meetings and appearances
CTB contribution (explain nonmonetary)*	OFC office expenses
CVC civic donations	PET petition circulating
FIL candidate filing/ballot fees	PHO phone banks
FND fundraising events	POL polling and survey research
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services
LEG legal defense	PRO professional services (legal, accounting)
LIT campaign literature and mailings	PRT print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Future Leaders of America 1528 Chapala Street #308 Santa Barbara, CA 93101	CVC		500.00
Cause Action Fund 120 E. Jones St. #20 Santa Maria, CA 93454	CVC		250.00
Integrated Solutions: Political 4142 Adams Avenue Suite 103-550 San Diego, CA 92116	OFC		75.00
C&I Consulting 226 East Canon Perdido Street Santa Barbara, CA 93101	CNS		650.00
SUBTOTAL \$			1,475.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

**SCHEDULE E
CALIFORNIA 460
FORM**

NAME OF FILER Gloria Soto for Santa Maria City Council District 3 2018	SEE INSTRUCTIONS ON REVERSE
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CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL tv. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR I.D. NUMBER	DESCRIPTION OF PAYMENT	AMOUNT PAID
Boys And Girls Club of Mid Central Coast 901 North Railroad Avenue Santa Maria, CA 93458	CVC		360.00
Integrated Solutions: Political 4142 Adams Avenue Suite 103-550 San Diego, CA 92116	OFC		75.00
C&I Consulting 226 East Canon Perdido Street Santa Barbara, CA 93101	PRO		150.00
C&I Consulting 226 East Canon Perdido Street Santa Barbara, CA 93101		Agent payment -- see Sched G	1,040.11
			SUBTOTAL \$ 1,625.11

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

**SCHEDULE E
CALIFORNIA 460
FORM**

NAME OF FILER Gloria Soto for Santa Maria City Council District 3 2018	Statement covers period from <u>07/01/2019</u> through <u>12/31/2019</u>	Page <u>14</u> of <u>19</u>
		I.D. NUMBER 1407086

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Santa Maria Chamber of Commerce 614 South Broadway Santa Maria, CA 93454	CVC		130.00
Integrated Solutions: Political 4142 Adams Avenue Suite 103-550 San Diego, CA 92116	OFC		75.00
C&I Consulting 226 East Canon Perdido Street Santa Barbara, CA 93101	PRO		150.00
Integrated Solutions: Political 4142 Adams Avenue Suite 103-550 San Diego, CA 92116	OFC		75.00
SUBTOTAL \$			430.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E CALIFORNIA 460 FORM

NAME OF FILER Gloria Soto for Santa Maria City Council District 3 2018	Statement covers period from <u>07/01/2019</u>	CALIFORNIA 460 FORM
	through <u>12/31/2019</u>	Page <u>15</u> of <u>19</u>
SEE INSTRUCTIONS ON REVERSE	I.D. NUMBER <u>1407086</u>	

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications
CNS campaign consultants	MTG meetings and appearances
CTB contribution (explain nonmonetary)*	OFC office expenses
CVC civic donations	PET petition circulating
FIL candidate filing/ballot fees	PHO phone banks
FND fundraising events	POL polling and survey research
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services
LEG legal defense	PRO professional services (legal, accounting)
LIT campaign literature and mailings	PRT print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	CR	DESCRIPTION OF PAYMENT	AMOUNT PAID
C&I Consulting 226 East Canon Perdido Street Santa Barbara, CA 93101	PRO			150.00
Future Leaders of America 1528 Chapala Street #308 Santa Barbara, CA 93101	CVC			500.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) — — — — —
2. Unitemized payments made this period of under \$100 — — — — —
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) — — — — — \$ — — — — — .00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) — — — — — .TOTAL \$ 5,007.66

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

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**Schedule F
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded
to whole dollars.

**SCHEDULE F
CALIFORNIA 460
FORM**

NAME OF FILER Gloria Soto for Santa Maria City Council District 3 2018	Statement covers period			
	from <u>07/01/2019</u>	through <u>12/31/2019</u>	Page <u>16</u>	of <u>19</u>
	I.D. NUMBER	<u>1407086</u>		

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL tv. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	WEB information technology costs (internet, e-mail)	

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ONE)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
		(b) AMOUNT INCURRED THIS PERIOD		

SCHEDULE F SUMMARY

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$.00**
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$.00**
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$.00**

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.
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Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

**CALIFORNIA 460
FORM**

SEE INSTRUCTIONS ON REVERSE		Statement covers period from <u>07/01/2019</u>	through <u>12/31/2019</u>	Page <u>17</u> of <u>19</u>
NAME OF AGENT OR INDEPENDENT CONTRACTOR		I.D. NUMBER 1407086		
Gloria Soto for Santa Maria City Council District 3 2018				
C&I Consulting				

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CYC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
The Garden Restaurant 122 East Boone Street Santa Maria, CA 93454	FND		1,040.11

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

** Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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TOTAL * \$ 1,040.11

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Schedule H
Loans Made to Others*

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Gloria Soto for Santa Maria City Council District 3 2018

		Statement covers period		CALIFORNIA FORM 460			
		from	07/01/2019 <th colspan="2"></th> <th>Page</th> <td>18 of 19</td>			Page	18 of 19
		through	12/31/2019 <th colspan="2"></th> <th colspan="2"></th>				
				I.D. NUMBER		1407086	
		(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN
				<input type="checkbox"/> PAID \$ _____	\$ _____	% RATE \$ _____	\$ _____
				<input type="checkbox"/> FORGIVEN \$ _____	\$ _____	% RATE \$ _____	\$ _____
							DATE INCURRED

*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E

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Schedule I Miscellaneous Increases to Cash

Amounts may be rounded to whole dollars.

CALIFORNIA 460 FORM			
Statement covers period from <u>07/01/2019</u> through <u>12/31/2019</u>		Page <u>19</u> of <u>19</u>	
		I.D. NUMBER 1407086	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Gloria Soto for Santa Maria City Council District 3 2018		DESCRIPTION OF RECEIPT FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	

Schedule | Summary

1. Itemized increases to cash this period. ----- \$.00

2. Unitemized increases to cash of under \$100 this period. ----- \$.00

3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) ----- \$.00

4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the **TOTAL** line.) ----- \$.00

SUBTOTAL \$

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